DOCUMENT RESUME

ED 234 318 CG 016 912

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TITLE Wives of Alcoholics: A Treatment Program and Outcome Study.
PUB DATE Mar 83
NOTE 29p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (29th, Atlanta, GA, March 23-26, 1983).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Alcohol Education; *Alcoholism; Coping; *Counseling Effectiveness; Family Problems; *Females; *Group Counseling; Psychological Patterns; Social Support Groups; *Spouses; Stress Variables; Well Being

ABSTRACT

This study assessed the effectiveness of a brief group treatment program aimed at ameliorating some of the psychological reactions commonly seen in wives of alcoholics. The goals of the 8 week treatment program were: (1) to help wives identify their counterproductive attempts to cope with the alcoholism; (2) to develop constructive coping strategies; and (3) to identify and articulate personal alternatives and goals. Compared to a waiting list control group (N=13), the experimental group (N=10) showed significantly more improvement on measures of anxiety, self-concept, and enabling behaviors; there was no difference on a measure of depression. After formal treatment, the experimental group was given access to a support group which met for the next 8 weeks. After the initial 8 week waiting-list period, the control group replicated the treatment sequence as it had been given to the experimental group. An analysis of the experimental and control groups combined over the various treatment phases indicated significant improvements on measures of depression, anxiety, self-concept, and enabling at the end of the formal treatment, and these improvements were maintained through the support and follow-up phases. A phone follow-up at 12 months after intake revealed that 50 percent of the subjects were continuing to meet in self-run support sessions, that 48 percent of the husbands had entered some form of treatment for their alcoholism, and 39 percent of the wives had either separated from or had divorced their husbands. It was concluded that wives of alcoholics can be effectively treated for their dysfunctional psychological reactions, quite independently of any treatment for the husband's alcoholism. (Author)

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WIVES OF ALCOHOLICS: A TREATMENT PROGRAM AND OUTCOME STUDY

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Running Head: Wives of Alcoholics

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This study assessed the effectiveness of a brief group treatment program aimed at ameliorating some of the psychological reactions commonly seen in wives of alcoholics. The goals of the eight week treatment program were: (1) to help wives identify their counterproductive attempts to cope with the alcoholism; (2) to develop constructive coping strategies; and (3) to identify and articulate personal alternatives and goals. Compared to a waiting list control group (N = 13), the experimental group (N = 10) showed significantly more improvement on measures of anxiety, self-concept, and enabling behaviors; there was no difference in a measure of depression.

After formal treatment, the experimental group was given access to a support group which met for the next eight weeks. After the initial eight week waiting-list period, the control group replicated the treatment sequence as it had been given to the experimental group. An analysis of the experimental and control groups combined over the various treatment phases indicated significant improvements on measures of depression, anxiety, self-concept, and enabling at the end of the formal treatment, and these improvements were maintained through the support and follow-up phases.

A phone followup at 12 months after intake revealed that 50% of the subjects were continuing to meet in self-run support sessions, that 48% of the husbands had entered some form of treatment for their alcoholism, and 39% of the wives had either separated from or had divorced their husbands.

It was concluded that wives of alcoholics can be effectively treated for their dysfunctional psychological reactions, quite independently of any treatment for the husband's alcoholism.

Key words: Alcoholism, Alcoholic Families, Wives of Alcoholics, Treatment

Wives of Alcoholics: A Treatment Program and Outcome Study

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Summary. A brief treatment package was administered to a group of wives of alcoholics who, when compared to controls, showed significant improvement in measures of self-concept, anxiety, and enabling behaviors. The control group was then given the same treatment package, and both groups demonstrated continued improvements over a one year period.

Alcoholism is a disorder that affects and is affected by numerous other people besides the individual who is alcoholic (1-3). Wives of male alcoholics, in particular, have often been identified as possessing significant behavioral and emotional characteristics that interact strongly with the behavior and emotions of the alcoholic husband (4-8).[2]

Early psychological and psychiatric literature on wives suggested that they possess some form of pathological personality structure which antedates and causally contributes to husbands' alcoholism (9-11). However, this view soon lost credibility because evidence was not forthcoming that the pre-alcoholism personality structure of wives of alcoholics differed consistently in measurable ways from wives of nonalcoholics (6, 12-15).

An alternative view of wives of alcoholics was the sociological stress model, which developed out of AlAnon and the social work literature (5, 16,

17). In this view, emphasis is placed upon the wife's attempts to cope with and adjust to the behavior of the alcoholic, and upon the ways in which these coping attempts are generally counterproductive and even pathogenic for both the alcoholic and the wife (5, 16, 17). In the sociological stress model, the wife does not precipitate the husbands' alcoholism. Rather, her reactions to the stress of the progressing alcoholism, whatever its causes, are dysfunctional for her, and may also unwittingly serve to maintain the alcoholic behavior of the husband (2, 18). According to this view, wives of alcoholics need specific treatment for their dysfunctional behavior, just as the alcoholic needs treatment for his disease. Moreover, successful modification of the wife's counterproductive reactions to the alcholic may also contribute substantially to the success of any treatment he may receive for his alcoholism (19, 20).

Professional treatment programs for alcoholism have often involved the wife (and other family members) in the treatment process (21, 22). However, to date most of the involvement of wives in treatment has been with the primary aim of thereby facilitating the recovery of the alcoholic rather than of improving the psychological well-being of the wife (23-25). Wives' involvement in treatment has most often been adjunctive to that of the alcoholic, and evaluation of the effectiveness of such adjunctive involvement has been in terms of the alcoholics' drinking, emotional status, marital satisfaction, etc.--not in terms of the wives' psychological status (26). There are very few reported instances in which wives reveived treatment when their alcoholic husbands were not themselves in treatment; in such cases empirical data on the wives' response to treatment has not been presented (27-29).

The present study, therefore, was directed at testing the hypothesis that the psychological and emotional functioning of wives of alcoholics can be improved by a treatment program directed specifically at them, independent of treatment of the alcoholics. The specific treatment experiences that were employed were selected from the literature on wives of alcoholics, and from the authors' experiences working with wives of alcoholics. The principal goals of the treatment program were (a) to help wives identify their counterproductive attempts to cope with the alcoholism (enabling behaviors; 18); (b) to develop more constructive coping strategies; and (c) to identify and articulate personal alternatives and goals (see 28).

The main dependent variables were pencil-and-paper measures of anxiety, depression, self concept and enabling behaviors. These measures reflected the problem areas most commonly reported in the literature on wives of alcoholics (16, 28, 29). The study was designed to assess the effectiveness of the eight-week treatment program against a waiting-list control group, and to yield follow-up data for two treated groups at several points during the year subsequent to treatment.

METHOD

Subjects

Subjects were recruited from the Memphis, Tennessee area. Fifty-two women responded to media announcements of a treatment program called "Living with an Alcoholic." Twenty-six respondents either decided not to commit to the program or were screened out because they or their husbands were involved in some other form of treatment. Of the remaining 26 women

23 completed the study. Subjects were predominantly (22/23) white, of middle to upper-middle socioeconomic level, with a mean age of 45, and a mean duration of present marriage of 22 years.

Procedure

Subjects who committed to participation in the program were randomly assigned to an experimental group (N = 10) or to a control group (N = 13). They then participated in an individual intake session (Point A in Figure 1) during which: the program was explained; a $20 fee (refundable upon program completion) was collected; the Michigan Alcohol Screening Test (MAST; 30) was administered so that the wife answered it once for herself, and a second time for her husband; demographic data were collected; literature on living with an alcoholic (18, 31) was provided; and initial administration of the instruments defining the four dependent measures was completed. During this interview the control subjects were told they were on a waiting list and would receive treatment in eight weeks. The dependent measures were (1) the Tennessee Self-Concept Scale (TSCS; 32), (2) the short form of the Beck Depression Inventory (BDI; 33), (3) the Taylor Manifest Anxiety Scale (TMAS; 34),and (4) the Memphis Enabling Behaviors Inventory (MEBI; see below).

Insert Figure 1 about here

In the first phase of the study, the experimental group received eight weeks of formal treatment, while the control group remained untreated in a waiting-list condition. At the end of this phase (Point B in Figure 1), both groups were again administered the dependent measure instruments. Beginning at Point B in Figure 1, the control group began the same sequence of treatments and assessments as were received by the experimental group,

but delayed eight weeks behind the experimental group. This permitted comparisons on the various dependent variables among pre-treatment (Time 1), post-formal treatment (Time 2), post-support group (Time 3), and post-follow-up (Time 4) for the combined group of 23 subjects.

An additional self report questionnaire was administered to all subjects at post-formal treatment. This questionnaire surveyed whether subjects felt they had made positive, negative, or no changes in nine behavioral areas. These areas were knowledge about alcoholism, belief that alcoholism is a family disease, ability to express feelings, assertiveness, sexual self-concept, self-esteem, self-acceptance, self-directedness, and awareness of options.

A description of the treatment phases follows.

Formal Treatment

This phase consisted of eight weekly 2-hour sessions co-led by a professional therapist and a wife of a recovered alcoholic who had completed a treatment program of her own, and who had extensive experience leading similar groups.

Session I. Alcoholism was conceptualized as a disease, and its development, as well as the development of related family pathology (Johnson, 1980) was described. A "buddy system" was established wherein group members were instructed to maintain supportive daily telephone contact.

Session II. Jackson's (17) stages of alcoholic family disorganization were presented. Group members were encouraged to discuss their own situation in this context, and to consider the full range of options open

to them for changing (or not changing) their situation. Alcoholism and sexuality were discussed. Members were urged to undertake personally enjoyable and rewarding activities.

Session III. Enabling behaviors were defined and described. Subjects attempted to identify their own enabling behaviors and the enabling of other significant persons in the alcoholic's life. The effects of alcoholism on children were discussed.

Sessions IV, V, VI. These sessions were primarily experiental 'n style. They focused on identifying and stopping enabling behaviors, and learning to respond to stressful situations in a more rational and assertive manner. Training in feelings identification and management, and in assertion skills, was incorporated into these sessions. Role-play, confrontation, and problem-solving were used to address group members' individual needs and concerns.

Session VII. Members were encouraged to set goals for themselves regarding lifestyle changes. A representative from a local alcoholism treatment facility spoke about "guided intervention" (19, 20) as a method for inducing alcoholics to enter treatment. The relationship between alcoholism and spouse abuse was discussed.

Session VIII. Members identified their immediate and long-term goals, and reviewed their progress in the program.

Support Phase

The optional group sessions of this phase were held weekly for eight weeks and were led by either a professional therapist or a recovered wife of an alcoholic. Subjects were encouraged to continue working on the goals

they had set for themselves during formal treatment. These sessions were similar in structure and content to Sessions IV, V, and VI of formal treatment. Mean attendance was 80%.

Follow-up Phase

For the final eight weeks of the study, the group leaders did not initiate any contact with the subjects. They were available to the group members on an emergency basis, however, and did not discourage subjects from meeting together on their own.

Telephone Follow-ups

At twelve months post-intake, subjects were contacted by phone to ascertain whether they were still living with or married to their spouses; whether the subjects themselves were in therapy or support groups, and whether their spouses had sought alcoholism treatment.

Memphis Enabling Behaviors Inventory

The MEBI is a self-report instrument which was developed for this research. It lists 90 behaviors of spouses of alcoholics that are cited in the alcoholism literature as typical enabling responses. Subjects are asked to indicate which of these behaviors they have engaged in during the past month. (Sample items include: (6) Lost sleep waiting up for the alcoholic to come home; (45) Kept an eye on the alcoholic's drinking while at social gatherings; (85) Kissed the alcoholic to check his breath). In order to establish test-retest reliability, all subjects who participated in the study and seven others who applied to the program but did not participate were given the MEBI a second time, 1-2 weeks after their intake interview. These subjects composed the applicant group (N = 30). To provide further reliability data and to permit assessment of the validity of the MEBI, the instrument was also given twice, separated by a 1-2 week

interval, to two other groups. The AlAnon group (N = 28) consisted of wives of active alcoholics who were members of AlAnon Family Groups. The normal control group (N = 15) consisted of women in an undergraduate psychology course for "older-thanaverage" students and whose husbands were not known by them to be alcoholic.

Results

Demographics

Using Moore's (35) scoring criteria, the MAST scores indicated that alcoholism was present in all husbands, and absent in all wives. MAST scores of the husbands of the experimental subjects were higher (M = 37.60) than those husbands of the control subjects, (M = 27.77), t (21) = 2.29, p <.05. The experimental husbands also had more treatment experiences (M = 2) prior to this study than had the control husbands (M = 1), t (21) = 2.24, p <.05. Since subjects were assigned to experimental and control conditions randomly, these differences probably reflect sampling error. No significant differences were found between the two groups for age of husband, age of wife, duration of present marriage, number of alcohol-related health problems for subjects or for their husbands, number of members in wives' families or in husband's families with alcoholic drinking histories, or the number or type of subjects' previous counseling experiences.

Comparisons of Experimental and Control Groups

Comparison of the experimental and control groups at times A and B (See Figure 1) provided an assessment of the effectiveness of the formal treatment phase of the study. A 2 groups x 2 times ANOVA was performed for each of the BDI, TMAS, the TSCS, and the MEBI. The results of these analyses are shown in Table 1. The important findings are as follows:

Insert Table I about here

1. On the TMAS, the TSCS, and the MEBI there was a statistically significant interaction between groups and time.

2. On each of the four measures the means for the experimental and control groups were comparable at time A (see Figure 1).

3. For the experimental group the mean for each of the TMAS, the TSCS, and the MEBI changed significantly in the expected direction from time A to time B. Only the BDI did not. For the control group, on the other hand, the means for the TMAS, the TSCS and the BDI did not change significantly, while the MEBI showed a significant decrease, from time A to time B.

4. The difference between the experimental and control groups at time B was significant for the MEBI.

Effects of Treatment Over Time

For this analysis, the experimental and waiting-list control groups were aligned so that they constituted two replicates of the same procedure (see Figure 1). A separate (2 replicates x 3 times) repeated measures ANOVA was performed for each of four dependent measures. Results are summarized in Table 2.

Insert Table 2 about here

Neither the replicate main effect nor the replicate by time interaction were significant. Main effects for time, however, were found on all four dependent measures. These time effects were analyzed at the .05 alpha level by means of the Bonferroni least significant difference method for

making pairwise comparisons. Scores on all four measures improved significantly from Time 1 to Time 2, with no further significant improvement between Times 2, 3, and 4.

MEBI Reliability and Validity

Test-retest reliability (separated by one week) of the MEBI was estimated for the composite group of 70 subjects from the applicant, the AlAnon, and the normal control groups. The Pearson product-moment correlation between the two administrations of the MEBI was .99, $p < .001$. One indication of the validity of the MEBI was obtained from t-test comparisons of MEBI scores of both the applicant group and the AlAnon group with MEBI scores of the normal group. These comparisons are summarized in Table 3. Clearly the two groups of wives of alcoholics showed much more self-reported enabling than did the wives of normal husbands.

Insert Table 3 about here

Self-report Questionnaire

A substantial majority of both experimental and control group subjects reported positive change in eight of the nine behavioral areas surveyed at time 2. The only exception was the area of sexual self-concept where only 30% of the experimental subjects reported improvement. No subjects reported negative changes in any of the areas surveyed.

Twelve Month Phone Follow-Up

Continuation of support groups. Seventy percent of the subjects (five from the experimental group and eleven from the control group) continued to meet informally during the follow-up phase of the program. Of these subjects, 50% (two from the experimental group and six from the control group) were still meeting regularly at twelve month follow-up.

Major changes by subjects or husbands. During the twelve month period following intake, four of the experimental group subjects separated from their husbands (two of these divorced). In the control group five separated (two of these divorced).

During the same 12 month period, four husbands from the experimental group, and seven from the control group entered some form of alcoholism treatment program (including AA).

Thus during the 12 month period 39% of the wives separated themselves physically from their husbands, and 48% of the husbands entered treatment. In four cases, there was both a separation and the husband entered treatment. Overall, a total of 70% of the families in this study underwent one or both of these significant changes.

Discussion

The treatment program developed for this research appeared to be highly effective in attenuating psychological dysfunctioning and in prompting dramatic behavioral change in self-referred wives of alcoholics.

Controversy still exists in the alcoholism literature over whether wives of alcoholics indeed exhibit psychopathology (12, 15, 16). None of the dependent measure mean scores of wives in this study were in the clinical ranges. However, as would be expected of individuals under stress who have problems coping, mean depression scores at intake were found to be in the range of moderate depression (33), mean self-concept scores were in the very low normal range (32), and mean manifest anxiety scores were in the high normal range (34). These findings lend support to the sociological stress model which contends that wives of alcoholics are normal individuals with dysfunctional reactions to the stress of living with an alcoholic.

At intake, the experimental and control groups were comparable in anxiety, depression, self-concept and enabling. After 8 weeks of formal treatment, however, the experimental group showed significant improvement in anxiety, self-concept and enabling, while the waiting list control group did not show improvement in anxiety, self-concept, or depression. The control group did show some improvement in enabling. This was probably due to the fact that all subjects were given literature at intake which gave specific instructions about reducing enabling. Although it risked weakening the value of the control group, the authors felt obligated to provide the waiting list subjects, many of whom presented themselves in crisis during the intake interview, with some sort of immediate help; thus literature was dispensed. Nevertheless, it appears that the formal treatment program was effective.

In both replications of the treatment program there was significant improvement on all dependent measures from pre-to-post-formal treatment. These improvements all held through the support group phase, and were still evident 24 weeks after the beginning of formal treatment. Although there was no control group with which to compare these improvements over time, two separate groups of wives of alcoholics showed improved psychological functioning after participating in a treatment program designed specifically for them and conducted independently of their husbands' participation in treatment. The largest improvements were in the areas of anxiety, depression, and self-reported enabling behaviors.

Further testimony to the success of the program was given by the subjects themselves, 80% of whom continued to meet in groups during the follow-up phase and established a self-help group which was still meeting at the twelve-month follow-up.

Major changes also occurred in the home situations. Within twelve months of the beginning of the program, 70% of the subjects had either left their husbands, or the husbands had entered treatment, or both. Unfortunately, the baseline rate of occurrence of such major changes in a comparable group of untreated families is not known. Given the clinical experience of those who work with alcoholic families, however, it seems highly unlikely that the baseline rate would be this high. That almost 40% of the subjects separated from their husbands within a twelve month period seems to support the contention that living with an alcoholic is extremely stressful, and the wife who is choosing to improve her situation may find it necessary to leave her marriage in order to do so (16).

That the experimental wives reported a lack of improvement in sexual self-concept relative to the control group wives may be related to the finding that the experimental husbands were more severely alcoholic than the control husbands. Sexual problems are common to alcoholic marriages (16, 36), and it is possible that a wife's sexual self-image becomes increasingly resistant to improvement as her husband's alcoholism and sexual performance worsen.

Although this treatment program focused specifically on the wives of alcoholics, it is important to note that over a twelve month period 48% of the husbands of the combined experimental and control group subjects entered some form of alcoholism treatment program. In most cases, the husband entered treatment in response to an intervention or to behavior changes on the part of the wife (e.g., more effective communication, reduced enabling, or a seriously intended threat to divorce unless the husband entered treatment). That so many husbands did enter treatment--although such action was not a direct goal of the program--is

consistent with the "family disease" concept promulgated by professionals who have integrated AlAnon and family systems principles into alcoholism treatment (1, 12, 13, 31, 32). This view predicts that alcoholics will make changes in response to changes made by their spouses and other family members in order to keep the family system intact.

Another positive finding of the study was the high reliability and validity of the Memphis Enabling Behaviors Inventory. While the MEBI may be a rather unsophisticated instrument at this time, it discriminated clearly between wives of practicing alcoholics and wives of husbands not known to be alcoholic. This finding suggests that the MEBI might be a useful tool for diagnosing the presence of alcoholism in one spouse by assessing the behavioral responses of the nonalcoholic spouse. Research is under way to refine the MEBI and assess its diagnostic utility.

Another interesting finding in regard to the MEBI is that the AlAnon group reported about one-third higher enabling scores than did the applicant group. One possible explanation for this finding is that membership in AlAnon increased enabling. However, that explanation runs contrary to previous evidence that enabling decreases as a function of length of membership in AlAnon (39). An alternative explanation is that wives who responded to publicity for a professional treatment program were initially less enabling that wives who entered AlAnon. Unfortunately, it is not known how long the AlAnon subjects had belonged to that organization when they took the MEBI, so no definite conclusions can be drawn regarding the disparity in enabling reported by the applicant and AlAnon groups.

The treatment package designed for this study was based heavily on AlAnon principles. However, the treatment package differed from the AlAnon program in three conspicuous ways: (1) it had designated leaders, one of whom was a professional; (2) the educational component was highly struc-

tured and formalized, and (3) specific training in assertiveness skills and in the identification and management of feelings was provided. Which treatment strategies, or combination of strategies, were effective, and how the effectiveness of this treatment package compares to AlAnon and other treatment awaits future investigation.

In summary, this study has demonstrated -- through psychological measurements, self-report, and behavioral data -- that the psychological functioning of wives of alcoholics can be improved when treatment is aimed specifically at them and is not adjunctive to treatment for the alcoholic. In addition, the treatment program outlined in this study appears to have been effective. The procedure presented here may well serve as a model for future evaluation of wives of alcoholics and their treatment.

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Footnotes

[1]The authors would like to thank the following for their contributions to this project: Maxine Bernard, Sarah Bowers and the St. Joseph Hospital Care Unit, June Haire, Cindy Hanson, Scott Henggeler, Sam Morgan, Donna Renfrow, and Ruth Trapold.

[2]Husbands of female alcoholics probably have problems which parallel those of wives of male alcoholics. However, since wives have received the overwhelming majority of attention in the literature, they were the subject of this study.

Table 1

Comparison of Experimental and
Control Groups on the Four Dependent Measures

	Time A		Time B			Interaction F
	M	(SD)	M	(SD)		(df = 1,19)
MEBI						
E	35.00	(13.03)	13.40	(4.97)	$p < .001$	$F = 7.49^{*}$
C	35.18	(10.82)	27.36	(14.26)	$p < .05$	
	N.S.		(p < .01)			
TMAS						
E	26.20	(10.70)	18.90	(11.17)	$p < .01$	$F = 4.99^{*}$
C	27.64	(10.20)	26.55	(9.64)	N.S.	
	N.S.		N.S. (p < .11)			
TSCS						
E	322.70	(25.71)	342.30	(29.77)	$p < .01$	$F = 5.48^{*}$
C	317.55	(35.07)	319.73	(34.56)	N.S.	
	N.S.		N.S. (p < .12)			
BDI						
E	11.20	(6.66)	5.80	(8.26)	N.S.	$F = 1.01^{**}$
C	13.45	(7.27)	11.82	(7.29)	N.S.	
	N.S.		N.S.			

E = Experimental group (N=10)

C = Waiting-list control group (N=13)

* = $p < .05$

** = not significant

Table 2

Means, Standard Deviations, and Main Effects
Over Time for Four Dependent Measures

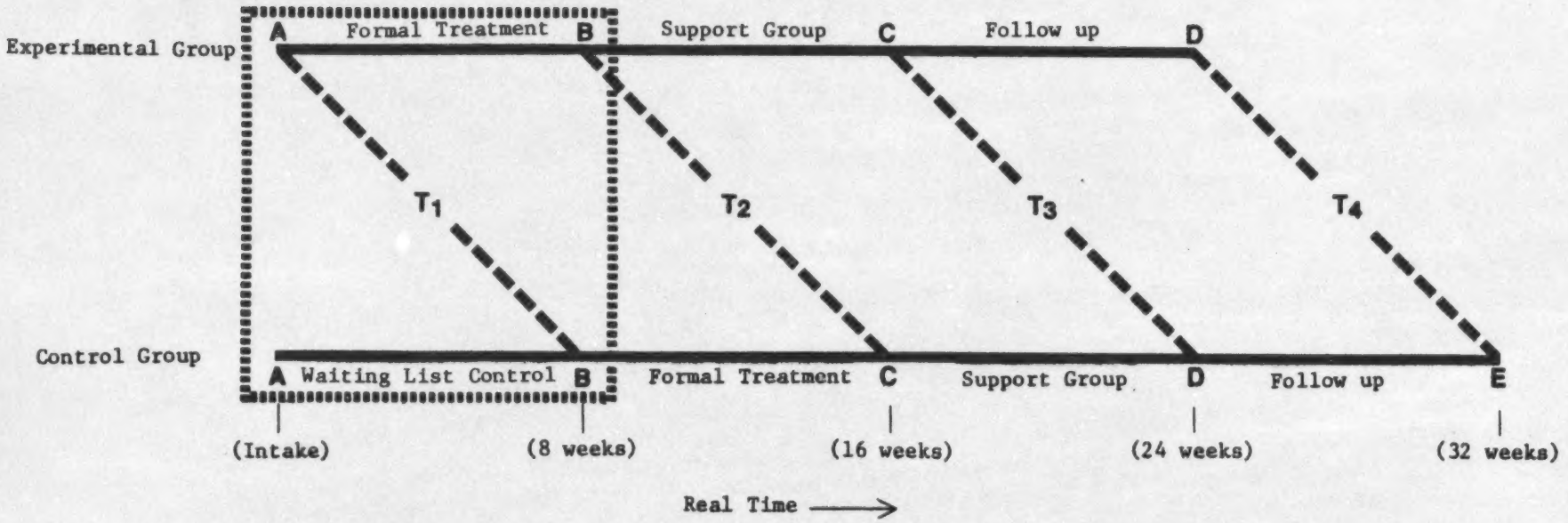
	T_1 pretreatment		T_2 post-formal treatment		T_3 post-support		T_4 follow-up		$\frac{F}{(3,63)}$[a]
MEBI									
E	35.00	(13.03)	13.40	(4.97)	7.70	(5.48)	10.00	(7.20)	
C	26.85	(13.48)	12.46	(6.50)	12.31	(9.37)	8.54	(8.70)	41.05***
Combined	30.39	(13.62)	12.87	(5.78)	10.30	(8.10)	9.17	(7.94)	
TMAS									
E	26.20	(10.76)	18.90	(11.17)	15.80	(9.69)	19.60	(12.36)	
C	25.38	(9.25)	22.08	(8.69)	21.77	(9.37)	20.31	(11.68)	
Combined	25.74	(9.68)	20.70	(9.74)	19.17	(9.77)	20.00	(11.70)	7.67***
TSCS									
E	322.70	(25.71)	342.30	(29.77)	335.20	(38.89)	331.10	(37.06)	
C	323.92	(34.48)	335.92	(29.81)	330.62	(38.62)	333.00	(41.56)	
Combined	323.39	(30.32)	338.70	(29.29)	332.61	(37.94)	333.04	(38.78)	2.89*
BDI									
E	11.20	(6.66)	5.80	(8.26)	5.50	(8.06)	7.00	(5.87)	
C	10.92	(7.04)	5.77	(3.85)	7.46	(9.12)	7.31	(7.00)	
Combined	11.04	(6.72)	5.78	(6.00)	6.60	(8.54)	7.17	(6.39)	4.71**

A = F ratio for time-main effect
*$p < .05$ **$p < .01$ ***$p < .001$

Table 3

MEBI Mean Scores for Applicant, AlAnon and Normal Control Groups

Group	N	Mean MEBI Score	Comparison with "normal" controls: validity
Applicant	30	36.57	$t = 7.5$, $df = 43$ $p < .001$
AlAnon	28	59.50	$t = 9.38$, $df = 41$ $p < .001$
Normal Controls	15	4.33	



Time course of treatment experiences for experimental and control groups.

Points allowing comparisons of experimental with waiting list control groups.

Points of correspondence in the treatment replications received by experimental and control groups.

Figure 1. Sequence of treatments received by experimental and control groups.

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